# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

23845

1. PLACE OF DEATH
County Phelps — Registration District No. 677 — File No.
Township — Primary Registration District No. 4403 — Registered No. 45
City Rolla (No. ..., ..... St. ..... Ward)

2. FULL NAME Mrs. Saddie Clayton
(a) Residence. No. ..... St., ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

SEP

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Clayton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6 1861

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 69 | | | 8 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co. Mo.

PARENTS
10. NAME OF FATHER John Wilprat
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT William Clayton
(Address) Hartford Ill

15. FILED July 16 1930 Jos. F. Ayers REGISTRAR

## 2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 11 Pm. 30

17. I HEREBY CERTIFY, That I attended deceased from July 8, 1930, to July 14, 1930 that I last saw her alive on July 14, 1930, and that death occurred, on the date stated above, at 11:55 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Collitis
124B
120B (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Atroph Cirrhosis
Dont know
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? NoPhysical findings
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) D. D. Cox, M. D.
7/15/30, 19 (Address) Rolla, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| Lake Springs | July 16 1930 |
| 20. UNDERTAKER | ADDRESS |
| Nall & Bicklider | Rolla, Mo |